UNITED	O STATES BANKR DISTRICT O	RUPTCY COURT New Jersey
In Re. Bed Bath & Beyond of Gallery Place	\$ §	Case No. <u>23-13379</u> Lead Case No. <u>23-13359</u>
Debtor(s)	§	⊠ Jointly Administered
Monthly Operating Report		Chapter 11
Reporting Period Ended: 09/30/2023		Petition Date: 04/23/2023
Months Pending: 5		Industry Classification: 4 4 2 2
Reporting Method: Acc	erual Basis 💿	Cash Basis
Debtor's Full-Time Employees (current):		0
Debtor's Full-Time Employees (as of date of ord	der for relief):	0
Supporting Documentation (check all that a (For jointly administered debtors, any required sched) Statement of cash receipts and disburser Balance sheet containing the summary a Statement of operations (profit or loss succeeded aging) Postpetition liabilities aging Statement of capital assets Schedule of payments to professionals Schedule of payments to insiders All bank statements and bank reconciliated Description of the assets sold or transfer	dules must be provided on a ments and detail of the assets, litatement)	iabilities and equity (net worth) or deficit eriod
/s/ Michael Sirota Signature of Responsible Party		Aichael Sirota, Cole Schotz Printed Name of Responsible Party

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Court Plaza North

Hackensack, NJ 07601

25 Main Street

Address

09/30/2023

Date

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Pa	rt 1: Cash Receipts and Disbursements	Current Month	Cumulative
a.	Cash balance beginning of month	\$0	
b.	Total receipts (net of transfers between accounts)	\$0	\$0
c.	Total disbursements (net of transfers between accounts)	\$0	\$0
d.	Cash balance end of month (a+b-c)	\$0	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$0
f.	Total disbursements for quarterly fee calculation (c+e)	\$0	\$0
	rt 2: Asset and Liability Status ot generally applicable to Individual Debtors. See Instructions.)	Current Month	
a.	Accounts receivable (total net of allowance)	\$0	
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$0	
c.	Inventory (Book • Market Other (attach explanation))	\$0	
d	Total current assets	\$0	
e.	Total assets	\$0	
f.	Postpetition payables (excluding taxes)	\$0	
g.	Postpetition payables past due (excluding taxes)	\$0	
h.	Postpetition taxes payable	\$0	
i.	Postpetition taxes past due	\$0	
	Total postpetition debt (f+h)	\$0	
J.	Prepetition secured debt	\$0	
k.	•		
1.	Prepetition priority debt	\$0	
m.	Prepetition unsecured debt	\$0	
n.	Total liabilities (debt) (j+k+l+m)	\$0	
о.	Ending equity/net worth (e-n)	\$0	
Pa	rt 3: Assets Sold or Transferred	Current Month	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$0
b.	Total payments to third parties incident to assets being sold/transferred		
	outside the ordinary course of business Net cash proceeds from assets sold/transferred outside the ordinary	\$0	\$0
c.	course of business (a-b)	\$0	\$0
Pa	rt 4: Income Statement (Statement of Operations)	Current Month	Cumulative
	ot generally applicable to Individual Debtors. See Instructions.)		
a.	Gross income/sales (net of returns and allowances)	\$0	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c.	Gross profit (a-b)	\$0	
d.	Selling expenses	\$0	
e.	General and administrative expenses	\$0	
f.	Other expenses	\$0	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h.	Interest	\$0	
i.	Taxes (local, state, and federal)	\$0	
;	Reorganization items	\$0	
J.	Profit (loss)	\$0	\$0

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Part 5	: Profe	essional Fees and Expenses					
				Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
a.	Debtor	s's professional fees & expenses (bank	ruptcy) Aggregate Total				
	Itemize	ed Breakdown by Firm					
		Firm Name	Role				
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Debtor's Name Bed Bath & Beyond of Gallery Place L.L.C.

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			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
Debto	or's professional fees & expenses (non	bankruptcy) Aggregate Total				
Itemiz	Itemized Breakdown by Firm					
	Firm Name	Role				
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c.	c. All professional fees and expenses (debtor & committees)		\$0	\$0	\$0	\$0	

Pa	rt 6: Postpetition Taxes	Curi	rent Month	Cumulative
a.	Postpetition income taxes accrued (local, state, and federal)		\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)		\$0	\$0
c.	Postpetition employer payroll taxes accrued		\$0	\$0
d.	Postpetition employer payroll taxes paid		\$0	\$0
e.	Postpetition property taxes paid		\$0	\$0
f.	Postpetition other taxes accrued (local, state, and federal)		\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)		\$0	\$0
Pa	rt 7: Questionnaire - During this reporting period:			
a.	Were any payments made on prepetition debt? (if yes, see Instructions)	Yes 🔿	No 💿	
b.	Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions)	Yes 🔿	No 💿	
c.	Were any payments made to or on behalf of insiders?	Yes 🔿	No 💿	
d.	Are you current on postpetition tax return filings?	Yes •	No 🔘	
e.	Are you current on postpetition estimated tax payments?	Yes •	No 🔘	
f.	Were all trust fund taxes remitted on a current basis?	Yes •	No 🔘	
g.	Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions)	Yes 🔘	No 💿	
h.	Were all payments made to or on behalf of professionals approved by the court?	Yes 🔿	No N/A •	
i.	Do you have: Worker's compensation insurance?	Yes 💿	No 🔿	
	If yes, are your premiums current?	Yes •	No O N/A O	(if no, see Instructions)
	Casualty/property insurance?	Yes •	No 🔘	
	If yes, are your premiums current?	Yes •	No O N/A O	(if no, see Instructions)
	General liability insurance?	Yes 💿	No 🔿	
	If yes, are your premiums current?	Yes 💿	No O N/A O	(if no, see Instructions)
j.	Has a plan of reorganization been filed with the court?	Yes •	No 🔘	
k.	Has a disclosure statement been filed with the court?	Yes •	No 🔘	
1.	Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes •	No C	

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Par	t 8: Individual Chapter 11 Debtors (Only)	
a.	Gross income (receipts) from salary and wages	\$0
b.	Gross income (receipts) from self-employment	
c.	Gross income from all other sources	
d.	Total income in the reporting period (a+b+c)	\$0
e.	Payroll deductions	
f.	Self-employment related expenses	\$0
g.	Living expenses	\$0
h.	All other expenses	
i.	Total expenses in the reporting period (e+f+g+h)	\$0
j.	Difference between total income and total expenses (d-i)	\$0
k.	List the total amount of all postpetition debts that are past due	\$0
1.	Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?	Yes O No •
m.	If yes, have you made all Domestic Support Obligation payments?	Yes O No N/A •
thr bei is r law ma Ex Re wv	704, 1106, and 1107. The United States Trustee will use this information S.C. § 1930(a)(6). The United States Trustee will also use this information ough the bankruptcy system, including the likelihood of a plan of reorganing prosecuted in good faith. This information may be disclosed to a bank needed to perform the trustee's or examiner's duties or to the appropriate for enforcement agency when the information indicates a violation or potent de for routine purposes. For a discussion of the types of routine disclosur ecutive Office for United States Trustee's systems of records notice, UST cords." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the new your justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this previous of your bankruptcy case or other action by the United States Trustee's Trustee's regulations of the United States Trustee's regulation by the United State	on to evaluate a chapter 11 debtor's progress ization being confirmed and whether the case is cruptcy trustee or examiner when the information ederal, state, local, regulatory, tribal, or foreign tial violation of law. Other disclosures may be est hat may be made, you may consult the -001, "Bankruptcy Case Files and Associated otice may be obtained at the following link: http://information could result in the dismissal or
do est	eclare under penalty of perjury that the foregoing Monthly Opcumentation are true and correct and that I have been authorizate. Holly Etlin Holly	
		Name of Responsible Party
Ch	ief Restructuring Officer 09/30	0/2023

Date

Title







